

DOCUMENT NUMBER **SDI sample** OF **4**

2. SOCIAL SECURITY NUMBER

3. F.I. M.I. LAST NAME

222-22-2222

complete

5. PAY PERIOD

6. ENTER NUMBER OF HOURS AND CODE: Intervening activity/working while on Disability (W=Worked; C=Industrial Disability (IDL)) or Dock during the regular period of pay (L=Dock)
Please complete if employee is on alternate work schedule before, during, and after Disability

[illegible]

7. INDUSTRIAL DISABILITY (IDL)

2. EMPLOYEE ON IDL FROM: THROUGH:

b. ☐ EMPLOYEE ENTITLED TO ENHANCED IDLE

C. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE: _____

8A. NON-INDUSTRIAL DISABILITY (NDI)

FROM: **a. EMPLOYEE ON NDI**
THROUGH:

b. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS:

☐ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED	% SUPPLEMENTATION
_____	_____

88. STATE DISABILITY INSURANCE (SDI)

a. EMPLOYEE ON SDI

FROM:

THROUGH:

05/01/2013 05/06/2013

b. ☒ EMPLOYEE ELECTED SUPPLEMENTATION

C. SDI WEEKLY RATE: \$ 767.43

9. PAYMENT PER CONTROLLER

[illegible]

10. PAYMENT SHOULD BE

			TIME WORKED		TIMEBASE FRACTION
TYPE	PT	DAYS	HOURS		
REGULAR	0	18			
SUPPLEMENTAL		1	1		
NDI	T				
IDL FULL	6				
IDL 2/3	N				
IDL /5	U				
SHIFT		SHIFT CODE	HOURS	SHIFT RATE	
REGULAR	2				
IDL FULL	6				
IDL 2/3	N				

11. ADDITIONAL INFORMATION

SDI SUPPLEMENTATION NOT TO EXCEED GROSS POSSIBLE DURING SDI PERIOD

SALARY	\$5000.00
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REG GROSS POSSIBLE	\$909.09
LESS SDI BENEFITS	\$657.78

SUPL GROSS \$251.31 (DUEEE)

I hereby certify that the employee named above is entitled to this pay based on the appropriate government codes and/or employee has been notified of the impending account receivable. Prior to submitting this STD 674D, the employee was given a reasonable time to respond.

12. AUTHORIZED SIGNATURE

DATE SIGNED _____

YOUR SIGNATURE

DATE _____

YOUR NAME

(PRINT OR TYPE NAME)

13. CONTACT PERSON (if other than authorized signature)

COMPLETE IF NEEDED

14. TELEPHONE NUMBER

999-9999 (999)

15. EMAIL ADDRESS

YOUR EMAIL